

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001798

1. Entity Name

STEVE WASHUTA, L.L.C.

FILED

00 FEB -4 PM 2:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

24278 PRODUCTION CIRCLE  
BONITA SPRINGS FL 33923

Mailing Address

24278 PRODUCTION CIRCLE  
BONITA SPRINGS FL 34135-7057

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0908669

Applied For  
Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

CICCARONE, MICHAEL J  
12800 UNIVERSITY DRIVE, SUITE 600  
FT MYERS FL 33907

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS / MEMBERS

TITLE MGR  
NAME WASHUTA, STEVE  
STREET ADDRESS 24278 PRODUCTION CIRCLE  
CITY-ST-ZIP BONITA SPRINGS FL 33923

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE (WASHUTA) WASHUTA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

1/27/00

(941) 495-6660